

# INFORMATION BULLETIN

## WORKFORCE INVESTMENT ACT

Number: WIAB00-19

Date: August 11, 2000

Expiration Date: 12/31/00

69:103:is:4056

TO: LOCAL WORKFORCE INVESTMENT AREAS  
CHIEF ELECTED OFFICIALS  
CALIFORNIA WORKFORCE INVESTMENT BOARD STAFF  
WID STAFF

SUBJECT: REVISED WIA PARTICIPANT CLIENT FORMS

The purpose of this information bulletin is to provide copies of the revised Workforce Investment Act (WIA) client forms. The client forms have been revised to incorporate changes suggested by local areas as well as to comply with federal reporting requirements. Detailed line instructions for these revisions and changes to the Follow-up form will be forthcoming.

The form revisions are being issued now in order to coincide with the Job Training Automation (JTA) system version 4.05 release planned for August 11, 2000. Please refer to WIA Information Bulletin WIAB00-18 for details of the specific JTA changes.

Please ensure this information bulletin is shared with staff responsible for your local WIA Management Information System. If you have any questions regarding the client forms, please contact Cindy Hobart in the Data Analysis Unit at (916) 654-8285. Questions concerning the JTA system release should be addressed to the JTA Help Desk at (916) 653-0202.

/S/ BILL BURKE  
Chief

Attachments

Subgrantee Name
01 Application Number
02 Agency Code
03 Social Security Number

[illegible]

# WORKFORCE INVESTMENT ACT APPLICATION

Subgrantee Name
Application Number
Agency Code
Social Security Number

Last Name		First Name		Middle	
74 Read Version	75 Math Grade	76 Math Score	77 Math Test		78 Math Version
79 Pell Grant Recipient 1 Yes 2 No, Applied but denied 3 No, Application Pending 4 Application not submitted	80 Pell Grant School Year Award Amount	81 Labor Force Status 1 Employed 2 Not employed	82 Weeks Not Employed Last 26 Weeks	83 Hourly Wage	84 Referred by WPRS (Profiling) 1 Yes 2 No
85 Dislocated Worker 1 Terminated or Laid off 2 Received Notice of Layoff 3 Long Term Unemployed (JTPA transfer only) 4 Self Employed 5 Displaced Homemaker 9 Not Applicable		86 Dislocation Date		87 Job Code at Dislocation	Job Title
88 Dislocation Industry Code	89 Tenure at Employer of Dislocation (months)	90 Employer Number		91 Employer Name	
Employer Address		Employer City/State		Employer ZIP	Employer Telephone
92 Eligibility A Adult WIA B Adult Low Income D Dislocated Worker F Youth (age 14 - 18) G Youth (age 19 - 21)		H Veteran Grant I 5% Window Youth (age 14 - 18) J 5% Window Youth (age 19 - 21) X Not Eligible			
Signature of Interviewer		93 Interviewer ID		Date	
Signature of Reviewer		94 Reviewer ID		Date	

**Client Certification:** My signature below indicates that I have been informed of and understand the information contained on this form. I certify under penalty of perjury that all of the above information is true and complete. I agree that any information I have supplied is subject to verification. I understand that falsification of any item is grounds for termination from the Workforce Investment Act program and may result in action to recover any moneys paid to me while participating.

Signature of Client	Date	Signature of Parent, Guardian or Responsible Adult	Date
Remarks:			

WIA EWIR (07/00)

# WORKFORCE INVESTMENT ACT ENROLLMENT/REGISTRATION

Subgrantee Name
01 Social Security Number
02 Case Number
Application Number

Last Name			First Name			Middle				
03 Grant Code		04 Enrollment Date			05 Date ITA Established		06 Total Amount of ITA			
Activity 1	07 Activity Code	08 Agency Code	09 State Provider ID	10 Program Code	11 Job Code/Job Description	12 Begin Date	13 Est/End Date	14 ITA Amount Used	15 Completion Code	16 Goal Code
	Activity Code	Agency Code	State Provider ID	Program Code	Job Code/Job Description	Begin Date	Est/End Date	ITA Amount Used	Completion Code	Goal Code
	Activity Code	Agency Code	State Provider ID	Program Code	Job Code/Job Description	Begin Date	Est/End Date	ITA Amount Used	Completion Code	Goal Code
Enrolling Staff Signature			17 Enrolling Staff ID			Date				
<b>Activity Codes</b> <b>Core</b> 10 Follow-up Services, Counseling 11 Staff Assisted Job Development 12 Staff Assisted Job Referrals 13 Staff assisted Job Search, Placement 14 Staff Assisted Workshops / Job Clubs 15 Other Core Services 16 Non-WIA Funded Core Services  <b>Intensive</b> 30 Case Mgt for Participants 31 Comprehensive Assessments 32 Development of Individual Employment Plan 33 Group Counseling 34 Work/Entry Employment Experience 35 Individual Counseling and Career Planning 36 Out-of-Area Job Search 37 Relocation Expenses 38 Short Term Prevocational Services 39 Internships 40 Other Intensive Services 41 Non-WIA Funded Intensive			<b>Training</b> 50 Adult Education 51 Customized Training 52 Entrepreneurial Training 53 Job Readiness Training 54 Occupational Skills Training 55 On-The-Job Training 56 Private Sector Training 57 Skill Upgrading and Retraining 58 Workplace Training and Coop Ed 59 Other Training Services 60 Non-WIA Funded Training Services  <b>Youth</b> 70 Summer-related 71 Educational Achievement Services 72 Employment Services 73 Citizen and Leadership Services 74 Other Youth Services 75 Non-WIA Funded Youth Services  <b>Miscellaneous</b> 80 Other JTPA 81 Supportive Services 82 Needs-related Payments 83 Planned Break In Services 84 Non-WIA Funded Miscellaneous  90:99 Optional Local Use			<b>Goal Codes (Youth Only)</b>  <b>BASIC SKILLS</b> 001 Reading Comprehension 002 Math Computation 003 Writing 004 Speaking 005 Listening 006 Problem Solving, Reasoning, Decision Making 013 ESL/VESL 015 Life Skills  <b>OCCUPATIONAL SKILLS</b> 007 Perform Actual Tasks 008 Familiarity with Procedures, Tools 016 Technology 019 Information Skills  <b>WORK READINESS SKILLS</b> 009 World of Work Awareness 010 Labor Market Knowledge 011 Career Planning 012 Job Search Techniques 014 Leadership 017 Allocates Resources 018 Team Work 020 Interpersonal Skills				
			<b>Completion Codes</b> 1 Completed 2 Not Completed, Involuntary 3 Not Completed, Voluntary							

# WORKFORCE INVESTMENT ACT GOALS

Subgrantee Name	
01	Case Number
Application Number	
02	Agency Code
Social Security Number	

Last Name		First Name		Middle							
Primary Goal	Goal Type	Goal Code	Goal Description	Date Set	Result Code	Result Description	Date Attained				
Staff Signature				03 Staff ID		Date					
<b>Primary Goal Code</b> 1 Primary Goal 2 Not Primary Goal		<b>Goal Type</b> 1 Basic Skills 2 Occupational Skills 3 Work Readiness Skills			<b>Result Code</b> 1 Attained Goal 2 Set, Goal Not Attained 3 Set, Goal Attainment Pending						
<table border="0"> <tr> <td> <b>Goal Code</b>            001 Reading Comprehension            002 Math Computation            003 Writing            004 Speaking            005 Listening         </td> <td>           006 Problem Solving, Reasoning, Decision Making            007 Perform Actual Tasks            008 Familiarity With Procedures, Tools            009 World of Work Awareness            010 Labor Market Knowledge         </td> <td>           011 Career Planning            012 Job Search Techniques            013 ESL/VESL            014 Leadership            015 Life Skills         </td> <td>           016 Technology            017 Allocates Resources            018 Team Work            019 Information Skills            020 Interpersonal Skills         </td> </tr> </table>								<b>Goal Code</b> 001 Reading Comprehension 002 Math Computation 003 Writing 004 Speaking 005 Listening	006 Problem Solving, Reasoning, Decision Making 007 Perform Actual Tasks 008 Familiarity With Procedures, Tools 009 World of Work Awareness 010 Labor Market Knowledge	011 Career Planning 012 Job Search Techniques 013 ESL/VESL 014 Leadership 015 Life Skills	016 Technology 017 Allocates Resources 018 Team Work 019 Information Skills 020 Interpersonal Skills
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WIA EWIG (07/00)

# WORKFORCE INVESTMENT ACT

## EXIT

Subgrantee Name
01 Application Number
02 Agency Code
Social Security Number

Last Name		First Name		Middle
03 Exit Code	<b>Exit Codes (Select up to three codes)</b> 01 Entered Employment 02 Called Back/Remained With Layoff Employer 03 Entered Advanced Training 04 Entered Postsecondary Education 05 Attained Recognized Certificate/Diploma/Degree 06 Planned Services Completed 07 Planned Services Not Completed 08 Lacks Transportation 09 Family Care 10 Health/Medical 11 Cannot Locate 12 Death 13 Institutionalized 14 Voluntary Other 15 Objective Assessment Only 16 Returned to Secondary Education (Youth Only)			
04 Exit Date	05 Degree Attained 1 Yes 2 No, credential intended 3 No, credential not intended 4 No, credential pending 9 No training services provided	06 Date Degree or Certificate Attained		07 Type of Degree Attained 1 High School Diploma 2 Equivalency/GED 3 AA or AS Diploma/Degree 4 BA or BS Diploma or Degree 5 Occupational Skills License 6 Occupational Skills Certificate or Credential 9 Other
08 Date Entered Postsecondary Education	09 Date Entered Advanced Training	10 Entered Military Service 1 Yes 2 No	11 Entered Qualified Apprenticeship 1 Yes 2 No	
12 Date Employed	13 Employer Number	14 Employer Name		
Employer Address		Employer City/State		Employer ZIP
15 Employer Contact		16 Contact Phone	17 Job Code/Job Title	18 Hours Per Week
19 Hourly Wage	20 Training Related Employment 1 Yes 2 No	21 Determination Method 1 Training to job 2 Industry to training 3 Other	22 Health Benefits 1 Yes 2 No	23 Non-Traditional Employment 1 Yes 2 No
Exit Staff Signature		24 Exit Staff ID		Date

### Post Exit Services

25 Service Code	26 Description	27 Begin Date	28 End Date

### Post Program Service Code

- 01 Educational Achievement
- 02 Employment Services
- 03 Additional Youth Support
- 04 Citizen and Leadership
- 05 Follow-up Services

WIA EWIT (08/00)